PCN31

COST MINIMIZATION ANALYSIS OF CAPECITABINE+CISPLATIN IV VS 5-FLUORURACIL IV+CISPLATIN IV AS FIRST LINE THERAPY FOR ADVANCED GASTRIC CANCER FROM THE BRAZILIAN SOCIETAL PERSPECTIVE

Malzyner A[1], Saggia MG[2], Nasciben V[2]
[1]Hospital Brigadeiro da Secretaria da Saúde do Estado de São Paulo, Sao Paulo, SP, Brazil, [2]Roche Brazil, Sao Paulo, SP, Brazil

OBJECTIVES: The purpose of this study was to compare the cost of the oral therapy with capecitabine + IV cisplatin (XP) against standard IV therapy with 5-fluoruracil + cisplatin (FP) as first-line treatment for patients with advanced gastric cancer (AGC). **METHODS:** A cost minimization analysis was conducted based on clinical data from the phase III trial of Kang et al. 2006. In this trial patients were treated until disease progression, which corresponded to 5.22 cycles of chemotherapy for XP and 4.56 cycles for FP (Kang et al. 2006). Progression free-survival and overall survival with XP was non-inferior to FP. Therefore, we assumed that both treatments compared in this study had the same effectiveness. We considered direct costs (drugs, administration of drug, physician fees), non-medical direct costs per patient (transportation to hospital) and indirect costs (hours of absence from work). A Delphi panel was conducted to identify local practices and resources use in Brazil. Costs such as medical payment, pre and post medication and administration were also included. One-way and multi-way sensitivity analyses were performed for testing robustness of results. **RESULTS:** Total cost per patient in the XP group (R$14,247) was significantly lower than the total cost per patient in the FP group (R$15,649). As a result of the additional visits for infusion of 5-FU, FP patients incurred greater indirect costs in terms of lost time. The sensitivity analysis confirmed the robustness of the results. Capecitabine benefits AGC patients by reducing the number of infusion visits and time spent receiving IV administration, and would produce significant direct medical cost savings. **CONCLUSION:** Findings of this cost-minimization analysis suggest XP as a cost-saving alternative from the Brazilian societal perspective.

PCN32

COST-MINIMISATION ANALYSIS OF ERLOTINIB VERSUS DOCETAXEL OR PEMETREXED AS SECOND-LINE THERAPY FOR NON-SMALL-CELL LUNG CANCER (NSCLC) FROM THE PERSPECTIVE OF A PRIVATE PAYER IN BRAZIL

Stefani S[1], Saggia MG[2], Santos EA[2]
[1]UNIMED and Instituto do Câncer Mãe de Deus, Porto Alegre, RS, Brazil, [2]Roche Brazil, Sao Paulo, SP, Brazil

OBJECTIVES: To perform a cost-minimisation and budget impact analysis of erlotinib versus docetaxel or pemetrexed for the treatment of patients with advanced NSCLC who have failed previous chemotherapy. **METHODS:** In the absence of head-to-head clinical trial data for erlotinib versus docetaxel or pemetrexed, equivalent efficacy was assumed for the three interventions; indirect comparisons of phase III trial results suggest that this was a conservative assumption. We developed a cost-minimisation and budget impact model for cost comparison of these three treatments based on the results of the BR.21 study of erlotinib, and pivotal trials for docetaxel and pemetrexed, adopting a Brazilian private payer perspective. A 126-day timeframe was used for the comparison, based on the progression-free survival observed in the BR.21 study. A Delphi panel was conducted to identify local practices and their associated costs in Brazil. Other costs such as medical payment, pre- and post-medication, and administration were also included. One-way and multi-way sensitivity analyses were performed to assess the robustness of the outcomes. Discounting was not included due to the short-term perspective of the analysis. **RESULTS:** Total costs were R$26,825 for erlotinib, R$42,284 for docetaxel and R$79,841 for pemetrexed. The cost-savings observed for erlotinib were due to lower acquisition costs (R$26,795 versus R$40,217 for docetaxel and R$78,911 for pemetrexed) and its more favourable tolerability profile. Sensitivity analyses confirmed the robustness of the results obtained. The budget impact analysis showed savings in the first year after incorporation of erlotinib starting from R$3,576,931 in a conservative scenario, and reaching R$32,192,379 at the upper limit. **CONCLUSION:** The findings of this cost-minimisation analysis suggest that erlotinib is a cost-saving alternative under the private health care system perspective in Brazil.

PCN33

COST-MINIMIZATION ANALYSIS OF ONCE-PER-CYCLE FIXED-DOSE ADMINISTRATION OF PEGFILGRASTIM VERSUS DAILY FILGRASTIM FOR THE PROPHYLAXIS OF CHEMOTHERAPY-INDUCED FEBRILE NEUTROPENIA IN BRAZIL

Lago S[1], Nasciben V[2], Saggia MG[2]
[1]PUC-RS, Sao Paulo, SP, Brazil, [2]Roche Brazil, Sao Paulo, SP, Brazil

OBJECTIVES: A cost-minization analysis compared costs and medical resources of the treatment of pegfilgastrim (PF) versus filgastrim (F), for the prophylaxis of chemotherapy (CT)-induced febrile neutropenia (FN) in high-risk stage II-IV breast cancer patients. **METHODS:** Two important clinical trials compared the efficacy of pegfilgrastim versus filgrastim: Holmes et al. 2002 and Green et al. 2003. Those studies have shown that a single dose of pegfilgrastim corresponds, in terms of severe neutropenia time reduction, to approximately 11 doses of filgrastim. Data of FN incidence was provided by a retrospective study based on a phase III trial (Green et al. 2002). According to that study, pegfilgastrim arm was more effective to decrease the FN incidence, consequently, hospitalization (PF 18% vs. F 31%), blood transfusion (PF 4% vs. F 25%) and IV antibiotics (PF 17% vs. F 21%). For the base case a patient with 72.8 Kg was considered. A panel with Brazilian experts was conducted to determine local practice for prophylaxis of FN and in the treatment of patients who develop FN. Only direct costs were considered: drugs administration, hemograms, daily hospital costs, transfusion and antibiotics costs. As per clinical trials the time horizon considered was 4 months therefore discounting was not applied. This assessment was undertaken from the Brazilian payer perspective. **RESULTS:** Acquisition drug costs for pegfilgastrim were higher than filgastrim (R$ 5010 vs. R$ 447). However, pegfilgastrim treatment was cost-saving (R$ 4631) due to the reduction in the number of administrations per CT cycle (1 vs. 11). One-way sensitivity analysis was conducted and results were robust. **CONCLUSION:** Findings suggest pegfilgastrim as a cost-saving therapy for the prophylaxis of CT-induced FN under the payer perspective in Brazil.

PCN34

COST MINIMIZATION ANALYSIS OF INTRA-VENOUS BIPHOSPHONATES THERAPIES AVAILABLE IN BRAZIL FOR THE PROPHYLAXIS OF SKELETAL EVENTS (SE) IN BREAST CANCER PATIENTS WITH BONE METASTASIS

Perdicaris M[1], Nasciben V[2], Saggia MG[2]
[1]Hospital Beneficência Portuguesa, Santos, SP, Brazil, [2]Roche Brazil, Sao Paulo, SP, Brazil

OBJECTIVES: A cost minimization analysis was developed to compare the costs of intra-venous biphosphonates therapies